

Regulatory Licensing Unit

EMS Certification/Licensure Personnel Address Change/Name Change

All information given on this application is considered public record, with the exception of social security number*.

Use this form to change your address and/or name on your EMS record. Fax to 512/834-6714 or mail to:

DO NOT use this form to request a new ID card. The form for requesting a replacement ID card is downloadable from our web site at: http://www.dshs.state.tx.us/ems/filelib.htm#EMS

Dept of State Health Services ATTN: EMS 1100 West 49th Street Austin, TX 78756-3199

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Signature of Applicant:

Print Last Name	First Name	Middle Name	SS#* or Texas EMS ID #
•	•	end you provide your social secu	rity number to be used as a unique identifier to
confusion among applicants vection 2 - New Addre			
List New Mailing Address:	Street, Apt Number or PO Box		
City	State	Zip	
☐ Forward my new ad	dress information to the Texas l	EMS Magazine.	
List home and/or work phone number(s), if changed.		()	()
		New Home Phone (area code)	New Business Phone (area code)
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Section 3 - New Name	Information	Tien zione i none (area coue)	Tien Business From (ureu cour)
Section 3 - New Name	Information	11011 220110 1 110110 (11111 0000)	Tien Business Front (ureu cour)
	Information New First Name	New Middle Nam	
Print New Last Name	New First Name		
Print New Last Name Reason for name cha	New First Name		

PRIVACY NOTIFICATION: With few exceptions, you have the right to request and be informed about information that the State of Texas collect about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. See http://www.dshs.state.tx.us for more information on Privacy Notification. (Reference: Government Code, Section 522.021, 522.023 and 559.004)

Sept 2004

Date: